

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005708

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77Primary Registration District No. 3012Registrar's No. 22

FILED FEB 27 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Excelsior Springs</u> | | c. CITY OR TOWN <u>Excelsior Springs</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Spa-View Rest Home</u> | | d. STREET ADDRESS (If outside, give location) <u>Maples Apartments</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>Zay Hill</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-26-1885</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u> | 9. AGE (last birthday) <u>77</u> |
| 11a. FATHER'S NAME <u>Russell Hill</u> | | 11b. MOTHER'S MAIDEN NAME <u>Nannie R. Hill</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> coronary atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>sev. years</u> DUE TO (c) <u>inst.</u> | | 17. INFORMANT Address <u>Zay Hill, Jr. 125 S. Myrtle</u> <u>Excelsior Springs, Mo.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral vascular insufficiency; pneumoconiosis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>5:05</u> a.m. <u>am</u> Month, Day, Year <u>Jan. 24, 1963</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Missouri</u> | |
| 21. I attended the deceased from <u>Jan. 24, 1963</u> to <u>Feb. 10, 1963</u> and last saw him <u>live</u> on <u>Feb. 10, 1963</u> Death occurred at <u>5:05 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Phillip E. King</u> (Degree or title) 22b. ADDRESS <u>M. D. Excelsior Springs, Missouri</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-13-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> |
| 24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> | | 23d. LOCATION (City, town, or county) <u>Excelsior Springs, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>2-10-63</u> |
| 26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | | 27. EMBALMER'S STATEMENT ON REVERSE SIDE | |

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lonnie Jarman

Licensed Embalmer No.

4589

P. O. Address

Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Issued 2-11-63. L.H.